

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

U. S. Application No. \_\_\_\_\_

Publication Date \_\_\_\_\_

Publication No. WO \_\_\_\_\_ / \_\_\_\_\_ PCT/RO/101 \_\_\_\_\_

Copy of ISR \_\_\_\_\_, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country \_\_\_\_\_ No. \_\_\_\_\_ date \_\_\_\_\_ **MORE**

Correspondence checked: 2023117 deposit account \_\_\_\_\_

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT \_\_\_\_\_ / \_\_\_\_\_ Language \_\_\_\_\_

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: \_\_\_\_\_; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: \_\_\_\_\_ Chargeable \_\_\_\_\_ Independent \_\_\_\_\_ multiple \_\_\_\_\_

Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_

Oath/Declaration: \_\_\_\_\_ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_ Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: ✓ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> ✓ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): \_\_\_\_\_ Number of copies included ✓

Date of 35 USC Receipt of Request: 4.15.05 \_\_\_\_\_ **Notes:** \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_ |

Notice of Missing Requirements: \_\_\_\_\_ |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: \_\_\_\_\_ |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_